

EXHIBIT J-1

L-HR-U

PRIME CLERK LLC

Prime Clerk LLC
(844) 822-9231 PRClaimsInfo@primeclerk.com

SEP 25 2021

PROOF OF CLAIM NUMBER UNDER PROMESA: **168000**

Claimant's Name: **Garcia Santiago, Iris**

RECEIVED

Please send the completed form by February 22, 2019, via email to PRClaimsInfo@primeclerk.com, or by mail, hand delivery, or overnight mail to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center
850 3rd Avenue, Suite 412
Brooklyn, NY 11232

Any additional information you may provide will be attached to your claim and will appear in the official claims register.

BASIS FOR YOUR CLAIM:

- ☐ A pending or closed legal action with or against the government of Puerto Rico
- ☐ Current or former employment with the Government of Puerto Rico
- ☒ Other (please describe): CLAIM AGAINST THE KMART IN FAJARDO

FOR A LEGAL ACTION

Have you initiated a legal action? Y / N

If the answer is yes, please fill out the sections below. If the answer is No, attach a written notice of your intent to file a claim, along with proof of mailing and contact information for your attorney, if available.

Identify the department or agency that is a party to the action: _____

Identify the name and address of the court or agency where the action is pending: _____

Case Number: _____

Title, Caption, or Name of Case: _____

Status of the Case (pending, on appeal, or concluded): _____

Do you have an unpaid judgment? Yes / No. If yes, what is the date and amount of the judgment?

FOR CURRENT OR PRIOR EMPLOYMENT:

Specific agency or department where you were or are employed: _____

Specific period of prior or present employment related to your claim: _____

Last four digits of your social security number: _____

[continues on back]

Nature of your employment claim:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Union Grievance |
| <input type="checkbox"/> Unpaid Wages | <input type="checkbox"/> Pending or closed legal action |
| <input type="checkbox"/> Sick Days | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vacation | _____ |

The amount of your claim: _____

To the extent you have documentation to support your claim, please include such documents with your response.

If your action relates to a pending or closed legal action, indicate all the information and documentation requested in the section "FOR A LEGAL ACTION" above.

FOR OTHER TYPES OF CLAIMS:

Describe the basis for your claim: ACCIDENT AT THE KMART IN FAJARDO

To the extent you have documentation to support your claim, please include such documents with your response.

L-HR-1

Prime Clerk LLC
Commonwealth of Puerto Rico Supplemental Information Processing Center
850 3rd Avenue, Suite 412
Brooklyn, NY 11232
T: (844) 822-9231
PRClaimsInfo@primeclerk.com

***** Response Required *****

January 23, 2019

Ref: PROMESA Proof of Claim
In re Commonwealth of Puerto Rico, Case No. 17-03283
United States District Court for the District of Puerto Rico

Dear Sir or Madam:

THIS LETTER RELATES TO A PROOF OF CLAIM YOU FILED AGAINST THE GOVERNMENT OF PUERTO RICO IN THE PROCEEDINGS UNDER THE PROMESA ACT.

PLEASE READ THIS LETTER CAREFULLY AND RESPOND IN ACCORDANCE WITH THE INSTRUCTIONS BELOW.

FAILURE TO RESPOND MAY RESULT IN THE DEBTORS TAKING LEGAL ACTION TO FULLY OR PARTIALLY DISALLOW YOUR CLAIM.

Prime Clerk maintains the court's official claims register in the PROMESA Cases and is reaching out to you at this time to obtain important additional information about your claim, logged under Claim Number 168000. You may access your claim by visiting Prime Clerk's website at:
<https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.

Please respond to this letter on or before **February 22, 2019, inclusive**, by returning the enclosed questionnaire, either in English or Spanish, indicating whether your claim relates to the following:

- (i) a pending or closed legal action with or against the government of Puerto Rico; and/or
- (ii) current or former employment with the Commonwealth of Puerto Rico or any other subdivision of the government of Puerto Rico.

Likewise, please complete the attach form and provide the following information:

FOR A LEGAL ACTION:

- Provide information about the legal action, including the following:
 - Case number;
 - Name and address of the court or agency;
 - Status of the case (i.e., pending, on appeal, or concluded);
 - If you have not yet filed a legal action, please provide written notice of your intent to file a claim, along with proof of mailing and contact information for your attorney, if available.
- Provide a copy of any brief submitted in the legal action, such as a complaint or a response; and
- If the legal action has concluded, indicate whether there is a judgment still pending payment and if so, provide a copy of the judgment. If you do not have a copy of the judgment, indicate the date and amount of the judgment.

FOR CURRENT OR PRIOR EMPLOYMENT:

- Indicate the specific agency or department where you were or are employed;
- Let us know the specific period of prior or present employment related to your claim;
- Indicate the last four digits of your social security number;
- Indicate whether your claim is related to your retirement, unpaid wages, sick days, a union grievance, and/or a pending or closed legal action**; and
- To the extent you have documentation to support your claim, please include such documents with your response.

If your action relates to a pending or closed legal action, indicate all the information and documentation requested in the section "FOR A LEGAL ACTION" above.

Please respond to this letter on or before February 22, 2019, with the requested information and documentation via email to PRClaimsinfo@primeclerk.com, or by mail, hand delivery, or overnight mail to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk LLC
850 3rd Avenue, Suite 412
Brooklyn, NY 11232

Any supplemental information you provide will be attached to your claim and will appear in the official claims register. If you fail to respond to this request or fail to provide the necessary information and documentation in support of your claim, the debtors may be forced to file an objection against your claim.

If you have any questions about this letter or your claim, please call 844-822-9231 or send an email to PRClaimsinfo@primeclerk.com.

PLEASE NOTE that Prime Clerk, LLC, is the claims and noticing agent in the government of Puerto Rico cases initiated under Title III of the Puerto Rico Oversight, Management, and Economic Stability Act, and therefore, cannot provide legal or financial advice.

Thank you.

Prime Clerk

1/30/2019

Gmail – CLAIMANT IRIS GARCIA SANTIAGO (168000)



Norma Concepcion <secretaria.nicp@gmail.com>

CLAIMANT IRIS GARCIA SANTIAGO (168000)

1 Message

Norma Concepcion <secretaria.nicp@gmail.com>

January 30, 2019, 09:38

To: PRClaimsInfo@primeclerk.com

Dear all:

Cordial greetings.

Please find attached the required form along with supplemental documents.

Please confirm receipt of this e-mail.

Looking forward to your prompt attention to this matter.

Cordially,

Norma I. Concepción Peña
Urbanización Baralt
G-19 Avenida Principal
Fajardo, Puerto Rico 00738
Tel/Fax: (787) 860-6446
E-mail: lcdanormaconcepcion@gmail.com

[Standard email confidentiality disclaimer]



Virus-free. www.avast.com

2 Files attached



FORMULARIO RECLAMACIÓN PARA PRIME CLERK LLC.pdf
480K



CARTA RECLAMACIÓN.pdf
1335K

<https://mail.google.com/mail/u/0?ik=4dc6e181ca&view=pt&search=all&permthid=thread-a%3Ar-3041536535057493651&simpl=msg-a%3Ar-2947344948756825...> 1/1



Lcda. Norma I. Concepción Peña
Attorney - Notary

Urbanización Baralt
Avenida Principal G-19
Fajardo, Puerto Rico 00738

Telephones: (787) 860-6446
672-9206
Telecopier: (787) 860-6446
E-mail: nconcepcion@libertypr.net

September 16, 2021

**PRIME CLERK INQUIRIES
PRIME CLERK
830 THIRD AVENUE, 9TH FLOOR
NEW YORK, NY 10022
(prclaimsinfo@primeclerk.com)**

RE: CLAIM 168000, IRIS GARCIA SANTIAGO

Dear all,

I acknowledge receipt of your recent letter indicating that our claim is included in the list of claims that one or more debtors are requesting to be rejected due to the fact that the proof of claim was not submitted within the stipulated timeframe, indicating that the claim was submitted after the deadline established by the Bar Date Order.

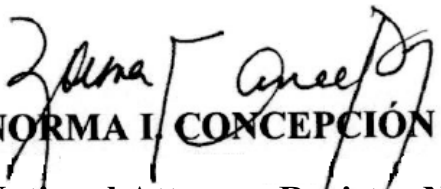
In the case at hand, we sent two (2) Proofs of Claim, both within the deadlines established for the claim. In this case, we received a first letter dated January 23, 2019, requiring us to answer a questionnaire by February 22, 2019. This letter was answered, and the questionnaire was submitted along with the Proof of Claim on January 30, 2019, and we received a letter confirming receipt on February 6, 2019.

In turn, we received a second request asking us to send a second Proof of Claim by April 10, 2019. The second Proof of Claim was sent to you on March 11, 2019, that is, before the deadline established for that purpose.

I would appreciate it if you could check the case file and make a determination in favor of our claimant.

I look forward to your special and prompt attention to this matter.

Cordially,



NORMA I. CONCEPCIÓN PEÑA
National Attorney Registry No.: 9528
Bar Association No.: 10,806



Norma Concepcion <secretaria.nicp@gmail.com>

CLAIMANT IRIS GARCIA SANTIAGO (168000)

1 Message

PR Claims Info <prclaimsinfo@primeclerk.com>

February 6, 2019, 15:38

To: "secretaria.nicp@gmail.com" <secretaria.nicp@gmail.com>

Thank you for contacting Prime Clerk, the Claims and Noticing agent appointed in the Title III cases of the Commonwealth of Puerto Rico and the affiliated Debtors.

Please allow this email to confirm that we have received your form and any supporting documentation, and will process same accordingly.

Regards,

Prime Clerk Inquiries

Prime Clerk

830 Third Avenue, 9th Floor

New York, NY 10022

primeclerk.com

The highest level of professionalism, innovation and transparency in bankruptcy administration.

For more information click here: <http://primeclerk.com/raising-the-bar/>  

----- Original Message -----

From: Norma Concepcion [secretaria.nicp@gmail.com]

Sent: 1/30/2019 8:38 AM

To: prclaimsinfo@primeclerk.com

Subject: CLAIMANT IRIS GARCIA SANTIAGO (168000)

Dear all,

Please find attached the required form along with supplemental documents.

Please confirm receipt of this e-mail.

Looking forward to your prompt attention to this matter.

Cordially,

Norma I. Concepción Peña

Urbanización Baralt

G-19 Avenida Principal

Fajardo, Puerto Rico 00738

Tel/Fax: (787) 860-6446

E-mail: lcdanormaconcepcion@gmail.com

[Standard email confidentiality disclaimer]

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

IRIS GARCÍA SANTIAGO

Name of the current creditor (the person or entity to be paid for this claim)
Nombre el acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

8. How much is the claim? ¿Cuál es el importe de la reclamación?	\$ 75,000.00	Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos? <input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).
9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p> <p style="text-align: center;"><u>DAMAGES AGAINST KMART PR</u></p>	
10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p>Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos <input type="checkbox"/> Other. Describe: Otro. Describir: _____</p> <p>Basis for perfection / Fundamento de la realización de pasos adicionales: _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p> <p>Value of property / Valor del bien: \$ _____ Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____ Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.) Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____</p> <p>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ % <input type="checkbox"/> Fixed / Fija <input type="checkbox"/> Variable / Variable</p>	
11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____</p>	

Modified Official Form 410

12. Is this claim subject to a right of setoff? ☐ No / No
☒ Yes. Identify the property / Si. Identifique el bien: FOR DAMAGES

¿La reclamación está sujeta a un derecho de compensación?

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? ☒ No / No
☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim. \$ _____

¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?

Si. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.

Part 3 / Parte 3:

Sign Below / Firmar a continuación

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha. FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☐ I am the creditor. / Soy el acreedor.
☒ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta Evidencia de reclamación se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

He leído la información en esta Evidencia de reclamación y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el 04/12/2018 (MM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma [Signature]

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name NORMA I. CONCEPCIÓN PEÑA, ESQ.

First name / Primer nombre Middle name / Segundo nombre Last name / Apellido

Title / Cargo CREDITOR ATTORNEY

Company / Compañía PRIVATE FIRM LEGAL SERVICES

Identify the corporate servicer as the company if the authorized agent is a servicer. Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección URB. BARALT, G-19 AVE. PRINCIPAL

Number / Número Street / Calle

FAJARDO

City / Ciudad

PR

State / Estado

00738

ZIP Code / Código postal

Contact phone / Teléfono de contacto 787-860-6446

Email / Correo electrónico cdanormaconcepcion@gmail

Fill in this information to identify the case (Select only one Debtor per claim form):				
<input type="checkbox"/> Sears Holdings Corporation (18-23538)	<input type="checkbox"/> Kmart Corporation (18-23549)	<input type="checkbox"/> Sears, Roebuck de Puerto Rico, Inc. (18-23561)	<input type="checkbox"/> MyGofer LLC (18-23573)	<input type="checkbox"/> Kmart.com LLC (18-23585)
<input type="checkbox"/> Sears, Roebuck and Co. (18-23537)	<input type="checkbox"/> MaxServ, Inc. (18-23550)	<input type="checkbox"/> SYW Relay LLC (18-23562)	<input type="checkbox"/> Sears Brands Business Unit Corporation (18-23574)	<input type="checkbox"/> Sears Brands Management Corporation (18-23586)
<input type="checkbox"/> Kmart Holding Corporation (18-23539)	<input type="checkbox"/> Private Brands, Ltd. (18-23551)	<input type="checkbox"/> Wally Labs LLC (18-23563)	<input type="checkbox"/> Sears Holdings Publishing Company, LLC (18-23575)	<input type="checkbox"/> SHC Licensed Business LLC (18-23616)
<input checked="" type="checkbox"/> Kmart Operations LLC (18-23540)	<input type="checkbox"/> Sears Development Co. (18-23552)	<input type="checkbox"/> Big Beaver of Florida Development, LLC (18-23564)	<input type="checkbox"/> Kmart of Michigan, Inc. (18-23576)	<input type="checkbox"/> SHC Promotions LLC (18-23630)
<input type="checkbox"/> Sears Operations LLC (18-23541)	<input type="checkbox"/> Sears Holdings Management Corporation (18-23553)	<input type="checkbox"/> California Builder Appliances, Inc. (18-23565)	<input type="checkbox"/> SHC Desert Springs, LLC (18-23577)	<input type="checkbox"/> SRE Holding Corporation (19-22301)
<input type="checkbox"/> ServiceLive, Inc. (18-23542)	<input type="checkbox"/> Sears Home & Business Franchises, Inc. (18-23554)	<input type="checkbox"/> Florida Builder Appliances, Inc. (18-23566)	<input type="checkbox"/> SOE, Inc. (18-23578)	MMULD: 4788455
<input type="checkbox"/> A&E Factory Service, LLC (18-23543)	<input type="checkbox"/> Sears Home Improvement Products, Inc. (18-23555)	<input type="checkbox"/> KBL Holding Inc. (18-23567)	<input type="checkbox"/> StarWest, LLC (18-23579)	
<input type="checkbox"/> A&E Home Delivery, LLC (18-23544)	<input type="checkbox"/> Sears Insurance Services, L.L.C. (18-23556)	<input type="checkbox"/> KLC, Inc. (18-23568)	<input type="checkbox"/> STI Merchandising, Inc. (18-23580)	
<input type="checkbox"/> A&E Lawn & Garden, LLC (18-23545)	<input type="checkbox"/> Sears Procurement Services, Inc. (18-23557)	<input type="checkbox"/> Sears Protection Company (Florida), L.L.C. (18-23569)	<input type="checkbox"/> Troy Coolidge No. 13, LLC (18-23581)	
<input type="checkbox"/> A&E Signature Service, LLC (18-23546)	<input type="checkbox"/> Sears Protection Company (18-23558)	<input type="checkbox"/> Kmart of Washington LLC (18-23570)	<input type="checkbox"/> BlueLight.com, Inc. (18-23582)	
<input type="checkbox"/> FBA Holdings Inc. (18-23547)	<input type="checkbox"/> Sears Protection Company (PR) Inc. (18-23559)	<input type="checkbox"/> Kmart Stores of Illinois LLC (18-23571)	<input type="checkbox"/> Sears Brands, L.L.C. (18-23583)	
<input type="checkbox"/> Inovsel Solutions, Inc. (18-23548)	<input type="checkbox"/> Sears Roebuck Acceptance Corp. (18-23560)	<input type="checkbox"/> Kmart Stores of Texas LLC (18-23572)	<input type="checkbox"/> Sears Buying Services, Inc. (18-23584)	

04/16

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Certified to be a correct and true translation from the source text in Spanish to the target language English.
 20/DECEMBER/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556
 By Targem Translations Inc.

Part 2: Give Information About the Claim as of the Date the Case Was Filed	
6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>75,000.00</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or creditcard. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☒ No
☐ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Amount entitled to priority \$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? ☒ No
☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

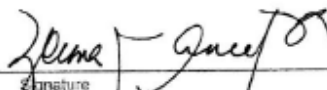
- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03-08-2019 (mm/dd/yyyy)


 Signature

Print the name of the person who is completing and signing this claim:

Name of the person who is completing and signing this claim:

Name NORMA I. CONCEPCIÓN PEÑA
 First name Middle name Last name

Title Creditor's attorney

Company Law Offices
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address Urb. Baralt, G-19 Avenida Principal
 Number Street

Fajardo PR 00738
 City State ZIP Code

Contact phone 787-860-6446/860-9333 Email lcdanormaconcepcion@gmail.com

Ticket					
[EXTERNAL] IRIS GARCÍA SANTIAGO (168000)					
				+ Follow	Clone Ticket
Status	Ticket Number	Company Name	Contact Name	Contact Phone	Ticket Owner
Pending	00947254	PR Claims In...	Concepcion Nor...	onas: Sal (t...	Document Uploads

Ticket Details

Contact Name	Concepcion Norma (/lightning/r/0031N000023TXPcQAQ/view)	
Ticket Owner		
Document Uploads		
Status	Pending	
Workflow	Pending Document Upload	
Inquiry Constituency		
Escalation Level	(6) Excluded from Call Log	
Parent Ticket	00944190 (/lightning/r/5003100001Fx2s1AAB/view)	
Cloned		
Subject	[EXTERNAL] IRIS GARCÍA SANTIAGO (168000)	
Description	<p>Dear all:</p> <p>Cordial greetings.</p> <p>Enclosed is a communication regarding the above-referenced matter.</p> <p>Looking forward to your prompt attention to this matter.</p> <p>Cordially,</p> <p>Norma I. Concepción Peña Urbanización Baralt G-19 Avenida Principal Fajardo, Puerto Rico 00738 Tel/Fax: (787) 860-6446 / (787) 860-9333 E-mail: lcdanormaconcepcion@gmail.com (mailto:lcdanormaconcepcion@gmail.com) <mailto:lcdanormaconcepcion@gmail.com> (mailto:lcdanormaconcepcion@gmail.com)></p> <p>Please confirm receipt of this e-mail.</p> <p>[Standard email confidentiality disclaimer]</p>	

History
 Notes
 Macros
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Inquiry Description

Related

Related Tickets (0) (/lightning/r/Case/5003I00001FxmCXAAB/related/Cases/view)

Emails (1) (/lightning/r/Case/5003I00001FxmCXAAB/related/EmailMessages/view)

[EXTERNAL] IRIS GARCÍA SANTIAGO (168000) (/lightning/r/02s3I00001HVB2aAAH/view)

From Address: prclaimsinfo@primeclerk.com (mailto:prclaimsinfo@primeclerk.com)
To Address: secretaria.nicp@gmail.com
Message Date: 9/25/2021, 10:50 AM

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(/lightning/r/Case/5003I00001FxmCXAAB/related/EmailMessages/view)

Ticket Comments (0) (/lightning/r/Case/5003I00001FxmCXAAB/related/CaseComments/view)

Ticket History (3+) (/lightning/r/5003I00001FxmCXAAB/related/Histories/view)

Date:	9/25/2021, 10:50 AM
Field:	Status
User:	Tiffany Reynoso (/lightning/r/0053I00000HXjLxAAI/view)
Original Value:	New
New Value:	Pending
Date:	9/25/2021, 10:50 AM
Field:	Description
User:	Tiffany Reynoso (/lightning/r/0053I00000HXjLxAAI/view)
Original Value:	
New Value:	
Date:	9/25/2021, 10:50 AM
Field:	Ticket Owner
User:	Tiffany Reynoso (/lightning/r/0053I00000HXjLxAAI/view)
Original Value:	Tiffany Reynoso
New Value:	Document Uploads

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(/lightning/r/Case/5003I00001FxmCXAAB/related/Histories/view)

Articles (0) (/lightning/r/Case/5003I00001FxmCXAAB/related/CaseArticles/view)

Files (0) (/lightning/r/Case/5003I00001FxmCXAAB/related/AttachedContentDocuments/view)

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Open Activities (0) (/lightning/r/Case/5003I00001FxmCXAAB/related/OpenActivities/view)

Activity History (1) (/lightning/r/Case/5003I00001FxmCXAAB/related/ActivityHistories/view)


Email: [EXTERNAL] IRIS GARCIA SANTIAGO (168000) (/lightning/r/02s3I00001HVB2aAAH/view) ▼
Name:
Task:
Due Date: 9/25/2021

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(/lightning/r/Case/5003I00001FxmCXAAB/related/ActivityHistories/view)


Attachments (3+) (/lightning/r/Case/5003I00001FxmCXAAB/related/CombinedAttachments/view)

 CARTA PRIME CLERK 16 SEPT 2021.pdf
Sep 25, 2021 • Attachment

 [PRIME CLERK LETTER 16 SEPT 2021]

 ANEJO SOBRE CONTESTACION CUESTIONARIO.pdf
Sep 25, 2021 • Attachment

 [ATTACHMENT ABOUT QUESTIONNAIRE RESPONSE]

 EVIDENCIA RECIBO DE CORREO ENVIADO EL 30 DE ENERO 2019.pdf
Sep 25, 2021 • Attachment

 [PROOF OF RECEIPT OF MAIL SENT ON JANUARY 30, 2019]

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Post Email Internal Comment Change Status Close the Case Change Priority


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All Updates Emails Text Posts Status Changes

 **Tiffany Reynoso** (/lightning/r/0053I00000... September 25, 2021 at 10:50 AM (/lightning/r/0053I00...
(/lightning/r/0053I00000HXjLxAAI/vi.../Ticket updated
Workflow: A blank value to Pending Document Upload
[🗨️ Comment](#)




 **Tiffany Reynoso** (/lightning/r/0053I00000... September 25, 2021 at 10:50 AM (/lightning/r/0053I00...
(/lightning/r/0053I00000HXjLxAAI/vi.../Ticket updated
Ticket Owner: Tiffany Reynoso to Document Uploads
[🗨️ Comment](#)

 **Tiffany Reynoso** (/lightning/r/0053I00000... September 25, 2021 at 10:50 AM (/lightning/r/0053I00...
(/lightning/r/0053I00000HXjLxAAI/vi.../Ticket updated
Ticket Owner: Tiffany Reynoso to Document Uploads
[🗨️ Comment](#)

 History  **Tiffany Reynoso** (/lightning/r/0053I00000... September 25, 2021 at 10:50 AM (/lightning/r/0053I00...
(/lightning/r/0053I00000HXjLxAAI/vi.../Ticket updated
Ticket Owner: Tiffany Reynoso to Document Uploads
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Status: New to Pending

 [Comment](#)

  **Tiffany Reynoso (/lightning/r/0053100000...** September 25, 2021 at 10:50 AM (/lightning/r/0053100000...
 (/lightning/r/0053100000HXjLxAAALvL...w) Ticket created 

Subject: [EXTERNAL] IRIS GARCÍA SANTIAGO (168000)
Status: New
Ticket Number: 00947254
Company Name: PR Claims Info
Contact Name: Concepcion Norma
Contact Phone: onas: Sal
Ticket Owner: Tiffany Reynoso

 [Comment](#)

  **Tiffany Reynoso (/lightning/r/0053100000...** September 25, 2021 at 10:50 AM (/lightning/r/0053100000...
 (/lightning/r/0053100000HXjLxAAALvL...w) To: secretaria.nicp 

Dear all:

Cordial greetings.

Attached is a communication regarding the above-referenced matter.

Looking forward to your prompt attention to this matter.

Cordially,

Norma I. Concepción Peña
Urbanización Baralt
G-19 Avenida Principal
Fajardo, Puerto Rico 00738
Tel/Fax: (787) 860-6446 / (787) 860-9333
E-mail: lcdanormaconcepcion@gmail.com <mailto:lcdanormaconcepcion@gmail.com>

Please confirm receipt of this e-mail.

[Standard email confidentiality disclaimer]

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T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 168000**

Signed this 20th day of December, 2021



Verify at www.atanet.org/verify

A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor'.

Andreea I. Boscor

